## Best Available Copy

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29 1999

| Effective December 29, 1999       |   |  |                     |                                      |                                    |  |  |                     |                           |                       |          |                |                       |
|-----------------------------------|---|--|---------------------|--------------------------------------|------------------------------------|--|--|---------------------|---------------------------|-----------------------|----------|----------------|-----------------------|
|                                   |   | (  | CLAIN               | /IS AS<br>(Col                       |                                    | SMALL ENTITY TYPE                          |  | OR                  | OTHER THAN R SMALL ENTITY |                       |          |                |                       |
|                                   |   |  |                     |                                      |                                    | NUMBER                                     | EXTRA                                      | RATE                |                           | FEE                   |          | RATE           | FEE                   |
| BASIC FEE                         |   |  |                     |                                      |                                    |  |  |                     |                           | 345.00                | OR       |                | 690.00                |
| TOTAL CLAIMS                      |   |  |                     | <u>spifitii.</u><br>A.C.             | minus 20                           |  |  |                     | =                         |                       | OR       | X\$18=         | 22                    |
| INDEPENDENT CLAIMS 20 minus 3 = 1 |   |  |                     |                                      |                                    | = .  |  | X39:                | - 1                       |                       | OR       | X78=           |                       |
| _                                 | MULTIPLE DEPENDENT CLAIM PRESENT  |  |                     |                                      |                                    |  |  |                     | 1                         |                       | l t      | +260=          |                       |
| <u> </u>                          |   |  |                     |                                      |                                    |  |  |                     | )=                        |                       | OR<br>OR | TOTAL          | 762                   |
| * If                              | * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |                     |                                      |                                    |  |  |                     | SMALL ENTITY              |                       | OR.      | OTHER<br>SMALL | THAN                  |
| <u> </u>                          | 180   |  |                     | mn 1)                                |                                    | HIGHEST                                    |  |                     |                           | ADDI-                 |          |                | ADDI-                 |
| NT A                              | T   |  | AF                  | INING<br>TER<br>DMENT                |                                    | NUMBER<br>PREVIOUSLY<br>PAID FOR           | PRESENT<br>EXTRA                           | RAT                 | Έ                         | TIONAL<br><u>FEE</u>  |          | RATE           | TIONAL<br>FEE         |
| AMENDMENT                         | T   | otal   | *                   |                                      | Minus                              | **   | =  | X\$ 9               | 9= ┃                      | _                     | OR       | X\$18=         |                       |
| MEN                               |   | ndependent   | *                   |                                      | Minus                              | ***  | =  | X39                 | )=                        |                       | OR       | X78=           |                       |
| <b>▼</b>                          | F   | IRST PRESE   | NTATIO              | N OF ML                              | JLTIPLE DEP                        | ENDENT CLAI                                | Μ  | +13                 | 0=                        |                       | OR       | +260=          |                       |
| 1                                 |   |  |                     |                                      |                                    |  |  | TO                  | DTAL                      |                       | OR       | TOTAL          |                       |
|                                   | ADDIT. FEE  |  |                     |                                      |                                    |  |  |                     |                           |                       | ٠        | ADDIT. FEE     |                       |
|                                   | 1 de  | THE THE PERSON NAMED IN COLUMN TO SERVICE OF |                     | umn 1)<br>AIMS                       |                                    | (Column 2)<br>HIGHEST                      | (Column 3)                                 |                     |                           | ADDI-                 | 7        |                | ADDI-                 |
| 8                                 |   |  | REM                 | IAINING<br>FTER                      |                                    | NUMBER<br>PREVIOUSLY                       | PRESENT<br>EXTRA                           | RA <sup>*</sup>     | TE                        | TIONAL<br>FEE         | -        | RATE           | TIONAL<br>FEE         |
| MENDMENT                          |   |  | AME                 | NDMENT                               | Minus                              | PAID FOR                                   |  | X\$                 | 9=                        |                       | OR       | X\$18=         |                       |
| QN                                | <u> </u>  | Total<br><br>Independent   | <del> </del>        |                                      | Minus                              | ***  | =  | хз                  |                           | <del> </del>          | 1        | V70            |                       |
| 2                                 | }   |  | NTATIO              | ON OF M                              | ULTIPLE DE                         | PENDENT CLA                                | IM.  |                     |                           |                       |          | `              | -                     |
| $\vdash$                          |   | FINOT FILLO  |                     |                                      |                                    |  |  | +13                 |                           | <u> </u>              | OF       |                |                       |
|                                   |   |  |                     |                                      |                                    |  |  | ADDI                | OTAL<br>. FEE             |                       | OF       | ADDIT. FE      | EL                    |
| 1.                                |   | (Column 1) (Column 2) (Column 3)   |                     |                                      |                                    |  |  |                     |                           |                       |          |                |                       |
| AMENDMENT C                       |   | Andrew Control   | REM                 | LAIMS<br>MAINING<br>AFTER<br>INDMENT |                                    | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | PRESENT<br>EXTRA                           | RA                  | ATE.                      | ADDI-<br>TIONA<br>FEE |          | RATE           | ADDI-<br>TIONA<br>FEE |
|                                   |   | Total  | *                   | ., 10/11/01/1                        | Minus                              | **   | =  | X\$                 | 9=                        |                       | OF       | X\$18          | =                     |
|                                   |   | Independent  | 1.                  |                                      | Minus                              | ***  | =  |                     | 39=                       |                       | 01       | R X78=         | =                     |
|                                   | Ž   |  | ENTAT               | ION OF N                             | MULTIPLE DI                        | PENDENT CL                                 | AIM  | J ├─                |                           | +                     | _        | 000            | _                     |
|                                   |   |  |                     |                                      |                                    | 1 O  | in column 3                                |                     | 30=                       |                       |          | ``L            |                       |
|                                   | ••  | If the "Highest N  | lumber F            | Previously                           | Paid For IN I                      | olumn 2, write "0" i<br>HIS SPACE is les   | 3 (lall 20, Olice. 2.                      | <sup>D."</sup> ADDI | TOTA<br>T. FE             | E <b>L</b>            |          | ADDIT. F       | EE L                  |
|                                   | ***   | 'If the "Highest N<br>The "Highest N   | Number I<br>umber P | Previously<br>reviously F            | Paid For" IN T<br>Paid For" (Total | or Independent)                            | s than 3, enter "3." is the highest number | ber found i         | the a                     | appropriate           | box in   | column 1.      |                       |

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

|                         |               | Total Fe          | a Calcul        | ation       |            |            |           |       |
|-------------------------|---------------|-------------------|-----------------|-------------|------------|------------|-----------|-------|
|                         |               | Total re          | e Calcul        | atioi       |            |            |           |       |
|                         | Fee Code      | Total<br># Claims | Number<br>Extra | X           | Fee        | Fee        | =         | Total |
|                         | Sm./Lg.       |                   |                 |             | Sm. Entity | Lg. Entity | y         |       |
| Basic Filing Fee        | 201/101       | 01/               | í               |             | 345        | 690        | =         | 690   |
| Total Claims >20        | 203/103       | <del>24</del> -20 | <u></u>         | х           | 9          | 18         | 2         | 77    |
| Independent Claims >3   | 202/102       | <u>~</u> -3:      | ·               | x           | 39         | 78         | =         |       |
| Mult. Dep Claim Present | 204/104       |                   |                 |             | 130        | 260        | =         |       |
| Surcharge               | 205/105       |                   |                 |             | 65         | 130        | =         | 130   |
| English Translation     | 139           |                   |                 |             |            |            |           |       |
| TOTAL FEE CALCULA       | ATION         |                   |                 |             |            |            | <i>\$</i> | 372   |
| Fees due upon filing t  | he applicatio | n:<br>7-4 Y       | /               |             |            |            |           |       |
| Total Filing Fees Due   | = \$_         | 610               |                 | <del></del> |            |            |           |       |

BALANCE DUE

Less Filing Fees Submitted - \$

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)